
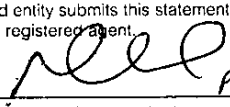
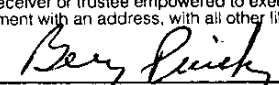


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90046 026 ****61.25

DOCUMENT # N03404 1. Entity Name CONCORD VILLAGE CONDOMINIUM XII ASSOCIATION, INC					
Principal Place of Business CCM, INC. 10034 W. MCNAB ROAD TAMARAC, FL 33321			Mailing Address %CCM, INC. 10034 W. MCNAB ROAD TAMARAC, FL 33321 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		01032008 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 59-2348385	
Zip Country		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHOTTENFIELD, DAVID PA 7520 SW 5TH ST. STE. 203 PLANTATION, FL 33317				7. Name and Address of New Registered Agent Name Brough Chadrow & Levine Street Address (P.O. Box Number is Not Acceptable) 1900 N. Commerce Parkway City Weston FL Zip Code 33326	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  for BROUGH, CHADROW & LEVINE, P.A. DATE 1/15/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BALDINUCCI, LENA 6701 N UNIVERSITY DR APT 201 TAMARAC, FL 33321	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PINSKY, BEN 6701 N UNIVERSITY DR APT 103 TAMARAC, FL 33321	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, NORMA 6701 N UNIVERSITY DR APT 203 TAMARAC, FL 33321	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KOLLER, EDWARD 6701 N UNIVERSITY DR APT 220 TAMARAC, FL 33321	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GLASS, IRENE 6701 UNIVERSITY DR # 316 FORT LAUDERDALE, FL 33321	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	